

PHYSICIAN AUTHORIZATION FORM

Student Name: Thomas Jones

Date of Birth: 12/25/1992

Primary Educational Disability: Speech & Language Impaired

Physician: Marcus Welby

Please return to:

Vermont Supervisory Union

Elm Street

Montpelier, VT 05620

Health related services included in this child's IEP for one year from 06/07/02 through 06/07/03.

	Services	How Long	How Often
_____	Developmental & Assistive Therapy (Services provided in order to promote normal development by correcting deficits in the child's affective, cognitive and psychomotor/fine motor skills development. Services include the application of techniques and methods designed to overcome disabilities, improve cognitive skills and modify behavior.)	_____	_____
_____	Medical Consultation	_____	_____
_____	Mental Health Counseling	_____	_____
_____	Nutrition Services	_____	_____
X	Occupational Therapy	30 min	2 x's/wk
_____	Personal Care	_____	_____
_____	Physical Therapy	_____	_____
_____	Rehabilitative Nursing Services	_____	_____
X	Speech, Hearing & Language Services	60 min	2 x's/wk
_____	Vision Care Services	_____	_____

I have reviewed these health-related services and certify that they are medically necessary.

Marcus Welby

6/13/02

Physician's Signature_____
Date

Primary Medical Diagnosis (optional): Speech and Language Impaired

Revised: July 2006

Date Received by Supervisory Union: _____